FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA (See instructions)		0"
NAME OF COMMITTEE (in 1)	(Check if name	Example: If typying, type over the lines	Office use only  12FE4M5
NEA Advocacy		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ADDRESS (number and s	1	uite 420 	DC
		ITY <b>_</b>	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one e-ma	il address)	
COMMITTEE'S WEB I  (Check if address is changed)	PAGE ADDRESS (URL)  N/A  LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
2. DATE 0 9	/ D D / Y Y Y Y Y Y Y Z 0 1 1		
3. FEC IDENTIFICA	TION NUMBER C	C00489815	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examined and the second secon	ned this Statement and to the best of my knowle  Treasurer Michael McPherso		d complete
Signature of Treasurer	Electronically Filed by Michael McF	Pherson	Date 09 / 12 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may su		
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	